

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alonzo L. Plough, Ph.D., MPH, Director and Health Officer

## **APPLICATION TO OPERATE** 2004 WATER RECREATION FACILITY

(Please complete a separate application for each pool or spa on site.)

FACILITY NAME AND SITE ADDRESS:	PERMIT RECORD ID (PR#) PROGRAM ELEMENT (PE#)  PLAN REVIEW SERVICE REQUEST SR# VARIANCE SERVICE REQUEST SR # PARCEL NUMBER APN# ON SITE NUMBER ON# WELL NUMBER WA#	
	APPROVED ☐ DISAPPROVED ☐	
MAILING ADDRESS (if different from above):	SIGNATURE	DATE
	FEE SCHEDULE	
	Water Recreation Facility Each add'l WRF operated by same person at same location	\$421.00 PERMIT FEE \$285.00 PERMIT FEE
	FEE	\$
	PRORATION	\$
EMAIL ADDRESS	PENALTY/LATE FEE	\$
APPLICANT: Please complete this form in its entirety, including any changes to business and mailing name, address, establishment and ownership information, and return form and your check (made out to <i>SKCDPH</i> ) to:	PERMIT REPLACEMENT CHANGE OF OWNER AND/OR NAME	\$ \$
Downtown Environmental Health 2124 - 4 <sup>th</sup> Avenue, 4 <sup>th</sup> Floor	TOTAL AMOUNT DUE	s
Seattle, WA 98121 (206) 296-4632  IAKE CHECKS PAYABLE TO: SKCDPH  ERMITS EXPIRE MAY 31 <sup>ST</sup> OF THE PERMIT YEAR  ERMIT YEAR JUNE 1 <sup>ST</sup> TO MAY 31 <sup>ST</sup> OTHER FEES  Permit Replacement \$25.00 Change of Ownership and/or Name \$25.00 Proration (period 11/30 thru 5/31)=1/2 annual fee Late Fees – (Annual permits 10-30 days late = 25% of annual Reinspection fee = 1/2 annual permit fee Reinstatement of permit after suspension = full annual perm After hours inspections requested by WRF owner = cost of s		\$25.00 \$25.00 2 annual fee ys late = 25% of annual fee) s late = 50% of annual fee) fee ion = full annual permit fee
WATER RECREATION FAC	CILITY INFORMATION	
PERMIT INFORMATION WELL WATER SOURCE	SEWAGE TREATMENT	
☐ Permit Renewal ☐ Individual Private Well	☐ Sewer District	
☐ New Operation ☐ Public Water Group A - more that	an 15 service connections	
☐ Change of Name ☐ Public Water Group B - less than 15 service connections		
☐ Change of Owner		
Months of Operation: opening date to closing date to closing date If more than one water recreation facility exists at your site, please indicate specific location (e.g. 7 <sup>th</sup> floor):		
OWNERSHIP INFORMATION  Name of Facility Manager/Operator:Phone:  Sole Owner		
Name of Owner(s):  Address:	Phone:	
SIGNATURE OF APPLICANT: DATE:		

J:Ehshare/Techdata/Pools/Pool Forms 2004/Application to Operate WRF - 2.23.04 Water Recreation and School Programs - Environmental Health Division

2124 4th Avenue, 4th Floor • Seattle, WA 98121

T (206) 296-4632 F (206) 296-0188 • <a href="http://www.metrokc.gov/health/pools">http://www.metrokc.gov/health/pools</a>



